1 1 2 1 3 1 4 4 4 4 4 5 1	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT INTERSTATE	1 5 1 27 2 3 3 4 1 8 28 2 3 5 7 29
6 1	LIGHT NAME ROBINSON FIRST MIDDLE K	1 4 30
0	INITIAL	
	NEW ADDRESS 17002 04777 AVE SE	
'	CITY LAKE STEVENS ST WA ZIP 98258	1 1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	3
9	DRIVER'S LICENSE # ROBINBK4610B STATE WA SEX F D.O.B. MADDYYYY 09 - 02 - 1954	32
10	ON DUTY STATUS AIRBAG 1 RESTR. 9 EJECT 1 HELMET 2 INJURY CLASS 0	2
11 2 5	LICENSE PLATE # B80674S STATE WA VIN# 1FTPW12V17KC97175	3
12 0 0	TRAILER PLATE # STATE TRAILER PLATE # STATE	
13 2	VEH. YEAR 2007 MAKE FORD MODEL F150 STYLE TR VEHICLE TOWED YES NO PRODUCT TOWARD BY GOVT. VEHICLE YES NO PRODUCT OF THE PRODUC	5 1 33
14	LIAS LITY INSURANCE CO PROGRESSIVE 905079298 INSURANCE CO PROGRESSIVE 905079298	FROM TO
15 2	CHARGE CHARGE	9 35
16	UNIT UZ VEHICLE CYCLE PEDESTRIAN COWNER CYCLE D: 4253591930	36
17	DAST NAIVE INITIAL INITIAL	37
H	STREET NEW ADDRESS 8911 VERNON RD, UNIT #M106	38
18	CITY LAKE STEVENS ST WA ZIP 98258	39
19	CDL RESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S LICENSE # STATE SEX U D.O.B. MMDDYYYY 01 - 24 - 1975	
21	ON DUTY STATUS AIRBAG 2 RESTR. 1 EJECT 1 HELMET 2 INJURY 1 CLASS 1	
22	LICENSE PLATE # AIV0390 STATE WA VIN# 1J8GW38S12C231309	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	1 41
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	UABILITY NSURANCE IN SURANCE CO FARMERS 195173885 NEFFECT INSURANCE CO FARMERS 195173885	
25	VEH CLE YES INC CITATION # CHARGE OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY	
26	N. ADAMS #127	

PART A 3000-345-159 R (7/06)





CORRECTION

REPORT NO.

E410598

CASE#

15-00773

	ADDIT	TIONAL PERSO	NS INVOLVE	D (PASSENGE	RS AND/OR V	WITNESSES ONLY)	
NAME (LAST, FIRST, MIDDLE INITIAL)	LOPEZ GINA M		110 1111 0 0 1 1				
ADDRESS & PHONE # 3215 180TH S	T NE ARLINGTO	N WA 98223 4254	660539			SEX F D.O.B.	
PASSENGER WITNESS UNI	Т#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)	LOPEZ NICKO	LE A					
ADDRESS & PHONE # 16019 242ND	ST SE MONROE	E WA 98272 4255	778241			SEX F D.O.B. MADDYYYY 07	_ 01 _ 1988
PASSENGER WITNESS UNI	т#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)	WAGGENR K	ACIE E					
ADDRESS & PHONE # 11401 3RD AV	VE SE EVERETT	WA 98208 3607	221800			SEX F D.O.B.	_ 19 _ 1988
PASSENGER WITNESS UNI	Т#	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET INJURY CLASS	NATURE OF INJURIES
100			N.A	RRATIVE		11	
Please see subs	sequent r	narrative	pages				
						0%	
CERTIFY (DECLARE) UNDER PENA	ALTY OF PERJURY	UNDER THE LAW	S OF THE STAT	E OF WASHING	TON THAT THE	FOREGOING IS TRUE AND CO	DRRECT. (RCW 9A.72.085)
N. ADAMS #127	00	LIMIT OF BIST	DET	03-24-15 C	6:25 PM	PLACE SIGNED	
INVESTIGATING OFFICER'S SIGNATUR APPROVED BY	1C	UNIT OR DIST.	DET	DATED	DATE		

127

ORI#

WA0311900

BOB SUMMERS 079 BADGE OR ID #

TIME POLICE ARRIVED 2:15 PM

3/25/2015 4:59:27 AM

TIME POLICE DISPATCHED 2:07 PM

NARRATIVE

NARRATIVE:

On 03/24/15 at about 1407 hours, (all times approximate) I was dispatched to a collision at 1307 84th Ave SE in the city of Lake Stevens.

When I arrived on scene fire personnel were already there and were attending a woman (later identified as Bonnie K. Robinson - DOB 1954) sitting in the driver seat of a Ford F150 (LIC: B80674S). I asked two fire personnel if they thought she was under the influence of anything, both said they didn't know, one said she had not smelled any alcohol. I observed Robinson seemed disoriented or dazed fire personnel spoke with her.

One of the witnesses handed me an envelope full of insurance paperwork who said Robinson gave her.

Three witnesses heard Vehicle 1 (LIC: B80674S) collide into the rear of a parked, unoccupied Jeep (Vehicle 2 - LIC: AIV0390). The three witnesses turned around and watched Vehicle 1 continue to drive across the street, over the curb and into small tree next to the sidewalk. The three witnesses said Vehicle 1 continued to accelerate and uproot the tree as she drove over it before she stopped.

The witnesses said the driver of Vehicle 1 seemed confused as she backed the truck up and began rolling forward. The witnesses said they asked the driver of Vehicle 1 to turn the truck off and set the emergency brake, they then called 911.

I don't remember who told me but someone on scene informed me Robinson she didn't know how she got where she ended up after backing into the parked vehicle. It should be noted there was damage to the front of Robinson's vehicle, which indicated she collided with the parked vehicle when she was moving forward. I observed only minor damage to the top portion of the tail gate which wasn't from today's incident.

Fire transported Robinson to the hospital since they weren't able to figure out what caused Robinson to have the collision.

I took digital photographs of damaged vehicle and tree, which were later printed and added to the case report and copied to a compact disk and booked into evidence as item #NA1.

I submitted a Recommendation for Driver Re-Examination for Robinson to the Department of Licensing.

PREVIOUS CONTACT WITH ROBINSON:

I recognized Robinson from a residential alarm incident I responded to recently. When I arrived for the alarm incident the garage door was mostly opened but one side had fallen off the track and was sagging lower than the other. Before I made entry into the house through the unsecured interior garage door, Robinson arrived home and drove into her garage. I explained why I was there and asked if she wanted me to check the residence. Robinson was alarmed to find her garage door broken but said she didn't want me to check her house. I cleared the scene as a false alarm.

After today's incident I now think Robinson might have backed out of her garage, which caused the damage to the tail gate I observed today. I'm concerned Robinson might have experienced a medical problem or could be suffering from prescribed medication that affects her ability to drive and/or remember what she has done.

REPORT NO. E410598

CASE#

15-00773

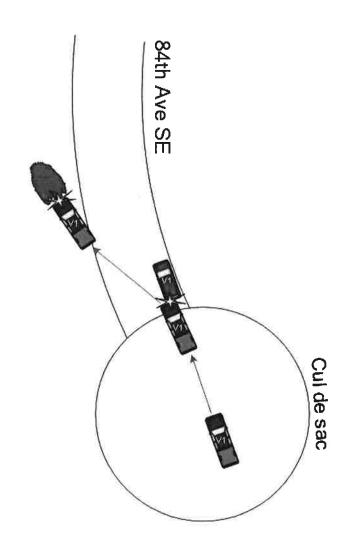
DATE AND TIME OF COLLISION

03/24/15 14:07

NARRATIVE

I recommend Robinson be re-examined to ensure she will be safe to drive.





NARRATIVE



AGENCY NAME	INCIDENT CLASSIFICATION	INCIDENT NUMBER
LAKE STEVENS		
POLICE DEPARTMENT	Collision	15-00773
NAME OF VICTIM(S)		
Haverfield, Chad L.		

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I certify (or declare) under	penalt	y of perjur	under the l	aws of the State of Washington that	the foregoing statement is true and correct.
OFFICER NAME / NUMBER	1	1	# 100	APPROVEDBY	**************************************

N. ADAMS #127

NARRATIVE

de	LSPD	
OR	IGINA	-

AGENCY NAME	INCIDENT CLASSIFICATION	INCIDENT NUMBER
LAKE STEVENS		
POLICE DEPARTMENT	Collision	15-00773
NAME OF VICTIM(S)		
Haverfield, Chad L.		

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I recommend Robinson be re-examined to ensure she will be safe to drive.

ATTACHMENTS:

Statement – Gina Lopez Statement – Nickole Lopez Statement - Waggenr Statement – Haverfield **Evidence Log Sheet Printed Photographs** CAD run

END OF REPORT.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME/NUMBER

APPROVED

APPROVED

APPROVED

APPROVED

The laws of the State of Washington that the foregoing statement is true and correct.

N. ADAMS #127

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15 -00 773
NON- DISCI LODE Z. M. O'MA
copee, m. educ
was leaving a house @ 2 pm (approx) heard a crashing
sound come from around the corner on such Ourse
the vehicle was over the tree. We van over and the
Oriver seemed confused - She backed the truck up
and began volling torward - we then asked her
to turn the truck off- and set the emergency
brare - use called 911
3ais 180th stini
arlington was 98003
arangon 109, 10000
425-466-0539
-63 104 5351
I CERTIFY OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT SIGNATURE: LOCATION SIGNED
V TWO TOUS
DEFICER NUMBER DATE SIGNED LOCATION SIGNED LOCATION SIGNED LAKE Stevens

[&]quot;The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE

OF

LAKE STEVENS POLICE DEPARTIVIENT **VICTIM/WITNESS STATEMENT CASE NUMBER** VICTIM / WITNESS NON-NAME (LAST, FIRST MIDDLE) 210 LODEZ. STREET ADDRESS CITY ZIP 16019 W Monroe 98 HOME PHONE **CELL PHONE** PLACE OF EMPLOYMENT 425-577-SAME UWNC-Wor WORK PHONE **EMAIL ADDRESS** 425 - 485- 4160 DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED. Walking

OFFICER/NUMBER: DATE SIGNED

3/24/15

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERIORY ONDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

LOCATION SIGNED

PAGE OF (

SIGNATURE:

LAKE STEVENS POLICE DEPARTMENT **VICTIM/WITNESS STATEMENT CASE NUMBER** 15-00773 VICTIM / WITNESS NON-NAME (LAST, FIRST MIDDLE) DISC STREET ADDRESS HOME PHONE **CELL PHONE** PLACE OF EMPLOYMENT San **WORK PHONE EMAIL ADDRESS** , DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT Massaur ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE L	DATE SIGNED DATE SIGNED DATE SIGNED LOCATION SIGNED LOCATION SIGNED LOCATION SIGNED LOCATION SIGNED			
SIGNATURE:	DATE SIGNED 3/24/15	LOCATION SIGNED SE		
OFFICER/NUMBER: Adame #127	DATE SIGNED 3/24/15	Lake Stevens		

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE___OF__/

VICTIM/WITNESS STATEMENT CASE NUMBER WITNESS VICTIM / NON-RACE DOB AGE DISC STREET ADDRESS STATE 8911 WA **HOME PHONE** CELL PHONE PLACE OF EMPLOYMENT 425-359-1930 DICK'S TOW ING **WORK PHONE EMAIL ADDRESS** 9Mzil.com DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED. 1 I CERTIFY (OF DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

LAKE STEVENS PULICE DEPARTIVIEN

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE (OF

DATE SIGNED

LOCATION SIGNED

LOCATION, SIGNED

Lake

SIGNATURE:

OFFICER/NUMBER



RECOMMENDATION FOR DRIVER RE-EXAMINATION

This recommendation must provide specific details of problems which could affect safe driving. It must be made in the interest of public safety only. Information on this form shall be provided to the driver or his/her attorney upon request. Insufficient information may result in no action being taken.

S	F	C.	ΓI	O	N	Δ

It is recommended that the following person's driver qualifications be reviewed:

NAME First, Middle, Last

NAME First, Middle, Last	BIRTHDAYE /
Bonnie K. Robinson	09/02/59
STREET ADDRESS	PHONE NUMBER
	(425) 280-9062
	IBK4610B
DETAILED STATEMENT	
see attached	
	·
	,
	tilla Some pro Some in the same in the sam
This recommendation is based upon personal observation and knowledge of the na	med driver Attach any additional
information or documents.	mos diver. Accusi any additional
NAME OF PERSON REPORTING (Please Print)	
NAME OF PERSON REPORTING (Please Print) # 127 - Lake Stevens Poli	ce
STREET ADDRESS CITY / /	21P 98258
2211 Grade Rd RELATIONSHIP TO DRIVER	ers 10230
(425) 334-9537 none	
l certify (declare) under penalty of perjury under the laws of the State of Washington the	at the foregoing is true and correct.
SIGNATURE #127	DATE 03/24/15
X dans 4127	03/29//5
SECTION D. Law Enforcement Has Only In Addition To Tan Bording	
SECTION B—Law Enforcement Use Only In Addition To Top Portion	Towner www.
Lake Stevers Police Department	BADGE NUMBER #127
THIS INFORMATION IS BASED ON:	1 (2 (
☐Citation/Traffic Violation Stop Accident Investigation ☐Court Appearance ☐	Other
PLEASE EXPLAIN BELOW:	
See attached	· · · · · · · · · · · · · · · · · · ·

Additional witnesses must complete separate forms.

DLE-520-005 RECOMMEND RE-EXAM (R/6/91) Page 1 of 2

I AKE STI	EVENS POLIC	CE	Drimany Officar/R	-dee Mumb		To	2-20 Number	
EVIDENC		JE	Primary Officer/B	dams	77 1 2 22 22	2	Case Number	0773
Type of Crim	ne: Felony / M	lis demea nor (Circ	Type of Case:	Colles			Date/Time: 03/	
Action Numb		ND; 10 - SAFEKE					atute of Limitation	ons has expired notification
Item#	Item (1)	with pic-	Brand Name	1100116	accarla		age Location	Disposition
NA!	Brand/Model/C	Caliber	(Furth	er Descriptio	essory			
Action #	Serial #		Where Found	Wei	ght of Narcoti	С		
Owner's Nan	me/S	Address	City	State	Zip	Phone #	Barco	ode goes here
Owner Signa	ature/Other rema	rks /additional inf	formation/ special instruc	ctions		# 127		
Item #	Item		Brand Name			Store	age Location	Disposition
Action #	Brand/Model/C	Caliber	(Furthe	er Descriptio	n)			
	Serial #	*:	Where Found	Wei	ght of Narcoti	С		
Owner's Nan	ne	Address	City	State	Zip	Phone #	Barco	ode goes here
Owner Signa	ature/Other rema	irks /additional inf	formation/ special instruc	otions				
Item #	Item		age Location	Disposition				
Action #	Brand/Model/C	Caliber						
riction	Serial #		Where Found	Wei	ght of Narcoti	С		
Owner's Nan	ne	Address	City	State	Zip	Phone #	Barco	ode goes here
Owner Signa	ature/Other rema	arks /additional inf	formation/ special instruc	otions				
Item #	Item		Brand Name			Stor	age Location	Disposition
Action #	Brand/Model/C	Brand/Model/Caliber (Further Description)						
HOGOT!	Serial #		Where Found	Wei	ght of Narcoti	С		
Owner's Nam	ne	Address	City	State	Zip	Phone #	Barco	ode goes here
Owner Signa	ature/Other rema	irks /additional inf	formation/ special instruc	otions				
Item #	İtem	Item Brand Name Stor						Disposition
Action #	Brand/Model/0	Brand/Model/Caliber (Further Description)						
	Serial #		Where Found	Wei	ght of Narcoti	С		
Owner's Nan		Address	City	State	Zip	Phone #	Barco	ode goes here
	me				Zip	Phone #	Barco	ode goes here
Owner Signa	me ature/Other rema ontrol Use Only:		City formation/ special instruc	ctions	Zip			ode goes here OUTING:

Date:

Time:

NCIC/WACIC -

Date:

Owner Letter Sent:

Yellow: Case File













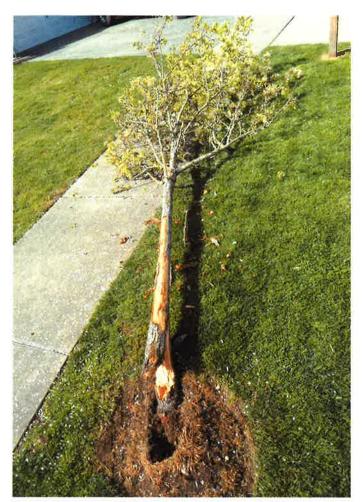




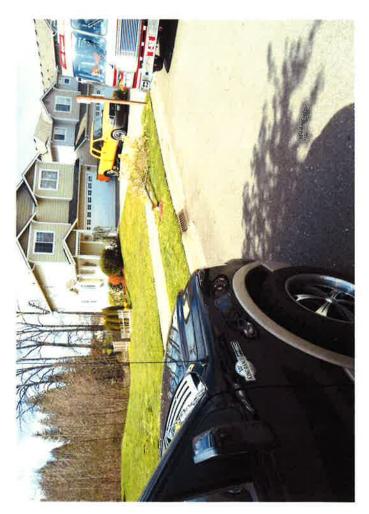














Case Numbers: \$SS15000773 03/24/15 14:07:11 BY SPDF24 SP0137 Entered Dispatched 03/24/15 14:07:17 BY SPDP17 SP0320 Enroute 03/24/15 14:07:17 03/24/15 14:15:58 Onscene Closed 03/24/15 14:58:08 Initial Alarm Level: Final Alarm Level: Initial Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H Type: COL Final Police BLK: SS003 Fire BLK: AG1418 Map Page: 397D-3 Group: SS1 Beat: SOUT Src: T Loc: 1307 84 AV SE, LKS btwn 12 ST SE & 13 PL SE (V) Loc Info: Name: WAGNER, CASEY Addr: Phone: 4254660539 (SP0137) , CAR VS PKD CAR AND THEN A TREE, SEEMS CONFUSED /1407ENTRY /1407(SP0320) DISPER 19D2 #SS127 ADAMS, OFFICER (NATHAN) NAM: WAGNER, CASEY, /1408(SP0137) SUPP PHO: 4254660539, TXT: 50'S F CABN BUT SEEMS DAZED OR POSS INTOX, BLK FORD F150 /1415(SS127) *ONSCNE 19D2 MDTVEH, B80674S, , WA, , , /1427REMINQ 19D2 /1427REMINQ 19D2 /1429*MISC 19D2 *MISC 19D2 V1 PH 425, 280, 9062 /1431/1432*ASNCAS 19D2 \$SS15000773 , JAMIE M. VAZQUEZ - 1316 84TH AVE SE /1449*MISC 19D2 , JAMIE DRIVE DAMAGED TRUCK BACK TO OWNER'S DRIVE 19D2 /1450*MISC WAY, RETURNED KEYS TO EMT. I HANDED HER BONNIE'S INSURANCE INFORMATION, JAMIE SAID SHE COULD RET /1455*MISC 19D2 , FIRE TOOK V1 DRIVER TO HOSPITAL FOR EVAL /1458 *CLEAR 19D2 D/H /1458CLOSE 19D2

Incident History for: #SS15005681 Xref: #AG15000795

